

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. /

APPLICANT(S)

FILING DATE

CLAIMS

AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
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50				
TOTAL IND.	1			
TOTAL DEP.	1			
TOTAL CLAIMS	1	2	2	2

AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

Best Available Copy